

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 1997

Application or Docket Number

09/051685

CLAIMS AS FILED - PART I

(Column 1)

(Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	24 minus 20 =	4
INDEPENDENT CLAIMS	1 minus 3 =	0
MULTIPLE DEPENDENT CLAIM PRESENT No		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE 3

RATE	FEE
	19.00
	395.00
x\$11=	44.00
x41=	-
+135=	-
TOTAL	93.00

OTHER THAN SMALL ENTITY

RATE	FEE
	790.00
x\$22=	
x82=	
+270=	
TOTAL	

CLAIMS AS AMENDED - PART II

(Column 1)

(Column 2)

(Column 3)

AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

(Column 1)

(Column 2)

(Column 3)

AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**	=
	Independent	*	Minus	***	=
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE
x\$11=	
x41=	
+135=	
TOTAL ADDIT. FEE	

RATE	ADDITIONAL FEE
x\$22=	
x82=	
+270=	
TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

SERIAL NUMBER 09/051685

TO: OFFICE OF FINANCE
FROM: CRYSTAL PLAZA 2, LOBBY

PLEASE PROCESS THE FOLLOWING COLLECTIONS:

FEE CODE	AMOUNT	FEE CODE	AMOUNT
BASIC FEE		CLAIMS/MULTIPLE DEPENDENT	
<u>960</u>	<u> </u>	<u>964</u>	<u> </u>
<u>961</u>	<u> </u>	<u>965</u>	<u> </u>
<u>970</u>	<u> </u>	<u>966</u>	<u> </u>
<u>971</u>	<u> </u>	<u>967</u>	<u>44 -</u>
<u>958</u>	<u> </u>	<u>968</u>	<u> </u>
<u>959</u>	<u> </u>	<u>969</u>	<u> </u>
<u>956</u>	<u> </u>	LATE FEES/SURCHARGE	
<u>957</u>	<u> </u>	<u>154</u>	<u> </u>
<u>962</u>	<u> </u>	<u>254</u>	<u> </u>
<u>963</u>	<u>49 -</u>	<u>156</u>	<u> </u>
OTHER :		<u>581</u>	<u> </u>
<u>581</u>	<u> </u>		
<u>241</u>	<u> </u>		
<u>141</u>	<u> </u>		

THE ORIGINAL METHOD OF PAYMENT

 C BY A CHECK \$ 93 -

 BY A CHARGE TO DEPOSIT ACCOUNT NO.

DO/EO FEE

BILL P